

AK  
IR



AMENDMENT TRANSMITTAL LETTER				Docket No. 0230-0169P																																											
Application No. 09/937,905-Conf. #5513		Filing Date October 1, 2001		Examiner E. Kemmerer																																											
				Art Unit 1646																																											
Applicant(s): Shiken SHA et al.																																															
Invention: NOVEL PROTEINS, GENE ENCODING THE SAME AND METHOD OF UTILIZATION THEREOF																																															
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																															
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.																																															
<table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>23</td><td>- 23 =</td><td></td><td>x</td><td></td></tr><tr><td>Independent Claims</td><td>3</td><td>- 3 =</td><td></td><td>x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td>0.00</td></tr></tbody></table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	23	- 23 =		x		Independent Claims	3	- 3 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	23	- 23 =		x																																											
Independent Claims	3	- 3 =		x																																											
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify):																																															
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																										
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																															
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 MaryAnne Armstrong, Ph.D. Attorney Reg. No.: 40,069				Dated: <u>December 22, 2005</u>																																											
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																															

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 09/937,905-Conf. #5513 Filing Date October 1, 2001 First Named Inventor Shiken SHA Examiner Name E. Kemmerer Art Unit 1646 Attorney Docket No. 0230-0169P	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: _____	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	- = _____	x _____ = _____		_____	_____	_____
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
_____	- = _____	x _____ = _____				

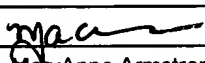
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____ = _____		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	40,069
Name (Print/Type)	MaryAnne Armstrong, Ph.D.	Telephone	(703) 205-8000
		Date	December 22, 2005